

Case Number:	CM15-0002897		
Date Assigned:	01/13/2015	Date of Injury:	06/04/2012
Decision Date:	03/23/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old female who reported an injury on 06/04/2012. The mechanism of injury was not stated. The current diagnoses include thoracic/lumbosacral neuritis, lumbar spinal stenosis, cervical spinal stenosis, brachial neuritis, shoulder arthralgia, shoulder stiffness, shoulder impingement syndrome and carpal tunnel syndrome. The injured worker presented on 12/18/2014 with complaints of right upper extremity radicular pain and weakness. Upon examination of the cervical spine, there was normal range of motion, 4/5 motor weakness in the right upper extremity and 2+ deep tendon reflexes. Recommendations at that time included a cervical epidural steroid injection. A Request for Authorization form was submitted on 12/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cervical Epidural Steroid Injection at C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain, with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the documentation provided, there was no objective evidence of cervical radiculopathy upon examination. There was no mention of a recent attempt at any conservative treatment to include physical methods. Given the above, the request is not medically appropriate at this time.